

## Line #

1	Public Employer:	Ewing Township	County:	Mercer
2	Employee Organization:	FMBA 9	Number of Employees in Unit:	9
3	Base Year Contract Term:	7/1/2014 - 12/31/2016		
4	New Contract Term:	1/1/2017 - 12/31/2021		

5 ☒ Contract settled without neutral assistance

6 ☐ Contract settled with assistance of mediator

7 ☐ Contract settled with assistance of fact-finder

8 ☐ Contract settled in Interest Arbitration

9 If contract was settled in Interest Arbitration, did the Arbitrator issue an Award? Yes ☐ No ☐

<b>10</b>	Salary Costs in base year		\$ 653029.49
<b>11</b>	Longevity Costs in base year		\$ 0
<b>12</b>	Other base year salary costs		
	Uniform Allowance	\$ 12600.00	
	Vision	\$ 3600.00	
	Dental	\$ 8400.00	
		\$	
	Sum of "Other" Costs Listed in Line 12.		\$ 24600.00
<b>13</b>	Total Base Salary Cost: (sum of lines 10, 11, 12):		\$ 677629.49

**SECTION IV: Increase in Base Salary Cost (for each year of New CNA)**14 Total Base Salary Cost from Line 13: \$ 677629.49

	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	<u>1/1/2017</u>	<u>1/1/2018</u>	<u>1/1/2019</u>	<u>1/1/2020</u>	<u>1/1/2021</u>	<u></u>
16	Cost of Salary Increments (\$)	<u>11154.92</u>	<u>25525.28</u>	<u></u>	<u></u>	<u></u>	<u></u>
17	Salary Increase Above Increments (\$)	<u>6530.30</u>	<u>23084.60</u>	<u>11946.28</u>	<u>12155.34</u>	<u>14134.92</u>	<u></u>
18	Longevity Increase (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
19	Total Increased Cost for "Other" Items (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
20	Total Increase (\$) (sum of lines 16-19)	<u>17685.22</u>	<u>48609.88</u>	<u>11946.28</u>	<u>12155.34</u>	<u>14134.92</u>	<u></u>

**SECTION V: Average Increase Over Term of New CNA**

21 Dollar Increase Over Life of Contract \$ 104531.64 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 15.5 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 3.1 % [Divide percentage on Line 22 by number of years of the contract]

**SECTION VI: Other Economic Items Outside Base Salary and Increases**

		←Increases→						
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Uniform Allowance	12600.00						
	Vision Reimbursement	3600.00						
25	Totals (\$):	49200.00						

**SECTION VII: Medical Costs**

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 150590.88	\$ 150590.88
27	Prescription Plan Cost	\$ 59177.52	\$ 59177.52
28	Dental Plan Cost	\$ 10800.00	\$ 10800.00
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 220568.40	\$ 220568.40

Employer: Ewing Township

Employee Organization: FMBA 93

Page 4

**SECTION VII: Medical Costs (continued)**

31	Employee Insurance Contributions	\$ <u>41953.68</u>	\$ <u>41953.68</u>
32	Contributions as % of Total Insurance Cost	<u>20.00</u> %	<u>20.00</u> %

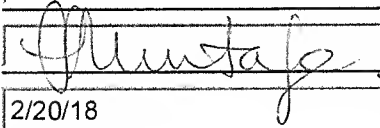
33 Identify any insurance changes that were included in this CNA.

**SECTION VIII: Certification and Signature**

34 The undersigned certifies that the foregoing figures are true:

Print Name: Joanna Mustafa

Position/Title: Chief Financial Officer

Signature: 

Date: 2/20/18

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
Phone: 609-292-9898

Revised 8/2016